

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024111

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3425 Registrar's No. 99

FILED JUN 24 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0465		
2 0750		
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4 1		
5 3		
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7 0		
8 0		
9 9332X		
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12 5-0		
13 1-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	MEDICAL CERTIFICATION
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	

1. PLACE OF DEATH a. COUNTY Howell b. CITY (If outside corporate limits, give TOWNSHIP only) West Plains, Mo. c. FULL NAME OF (If NOT in hospital, give location) West Plains Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon c. CITY OR TOWN Myrtle, Mo. d. STREET ADDRESS (If outside, give location) Rt. # 1,	
3. NAME OF DECEASED First Lula Middle Worrel Last Lindsey 4. DATE OF DEATH 6/10/1963		5. SEX Female 6. COLOR OR RACE White 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 12/1/1887 9. AGE (last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Oregon Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Worrel		13b. MOTHER'S MAIDEN NAME Martha Evans	
14. NAME OF HUSBAND OR WIFE Allen Lindsey (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. Lucille Jenkins-Myrtle, Mo. Rt. 1		17. INFORMANT Address Lucille Jenkins-Myrtle, Mo. Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 1 yr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus uncontrolled			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4:35 P.M. Month, Day, Year 6/11/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Myrtle, Missouri	
21. I attended the deceased from 6/11/63 to 6/11/63 and last saw her alive on 6/10/63 Death occurred at 4:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. L. Fowler M.D. (Degree or title)		22b. ADDRESS West Plains Mo	
22c. DATE SIGNED 6/17/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/12/1963		23c. NAME OF CEMETERY OR CREMATORY Myrtle Cemetery	
23d. LOCATION (City, town, or county) Myrtle, Missouri		23e. DATE RECD. BY LOCAL REG. 6-18-63	
23f. REGISTRAR'S SIGNATURE Beatrice Cook		23g. FUNERAL DIRECTOR ADDRESS Pocahontas, Ark.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

McNabb Funeral Home
M. C. McNabb
Licensed Embalmer No. 680 (Ark.)
P. O. Address Georgetown, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.